STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
BODY PIERCING
INSPECTION REPORT

Facility Information

RESULT: Satisfactory

Permit Number: 16-49-2564724
Name of Facility: East Coast Worldwide Studios, Inc.
Address: 8833 Perimeter Park Boulevard, Suite 501
City, Zip: Jacksonville 32216

Correct By: None
Re-Inspection Date: None

Type: Salon
Owner: Byrd, Bradley - East Coast Worldwide Studios, Inc.
Person In Charge: Brad Byrd Phone: [redacted]
PIC Email: [redacted]
Nurse Phone: [redacted]

Inspection Information

Purpose: Routine
Inspection Date: 7/8/2026

Begin Time: 12:35 PM
End Time: 01:30 PM

Additional Information

No Additional Information Available

Items marked below are not in compliance with the requirements of Chapter 64E-19 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-19, Florida Administrative Code, and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

PREMISES
1. Local Codes
2. Walls
3. Floors
4. Ceilings
5. Procedure Surfaces
6. Vermin Control
7. Square Footage
8. Lighting
9. Handsinks
10. Restrooms
11. Waste Management
12. Other Equip./Supplies
13. Animals
14. No Eating/Drinking/Smoking
15. Water Supplies
16. Sewage Disposal
17. No Direct Opening

SANITIZING/STERILIZING
18. Cleaning/Sanitizing Procedures
19. Sterilization Procedures/Posted
20. Storage of Instruments/Supplies
21. Autoclave Spore Tests
22. Autoclave Cleaned/Serviced

PIERCING PROCEDURES
23. Handwashing
24. Protective Barriers
25. Jewelry/Needles/Supplies
26. Single Use Items Discarded
27. Customer/Piercer's Med. History
28. Customer Skin Shaved/Cleansed
29. Antiseptic Solution
30. Oral Pre-Rinse
31. Blood Flow Products

OTHER OPERATIONS
32. Educational Information
33. Health Department Information
34. Injuries/Infections Reported
35. Customer Records
36. Facility Records
37. Parental Consent
38. Training

LICENSE/FEES
39. License Application
40. License Current
41. License Displayed
42. Temp. Establishment Notification
43. Fees Paid
44. Other

General Comments

Overall conditions are satisfactory at this time.

Email Address(es): [redacted]

[redacted]

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Violations Comments

No Violation Comments Available

Inspection Conducted By: [redacted]
Inspector Contact Number: [redacted]
Print Client Name:
Date: 7/8/2026

[redacted]